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Cross-border Healthcare Access in South Asian Countries: Learnings for Sustainable Healthcare Tourism in India

Sammita Jadhav*, Rajiv Yeravdekar, Meenal Kulkarni

Symbiosis Institute of Health Sciences, Symbiosis International University, Pune, India

Abstract

Since the 19th century affluent patients from less developed parts of the world travelled to major European Medical Centres and United States for treatment unavailable in their own countries and for cutting - edge healthcare facilities. From the early 1990's there has been a reverse flow of patients from highly developed nations to less developed countries circumventing the health care services offered in their own land, where they are inaccessible, undesirable, with overburdened public health systems and long waiting periods. In the past decade the global healthcare market has grown exponentially in the South East Asian countries whereby patients accessing health care services beyond their borders are more than 5 million. This cross border access to health care is reaching proportions of US \$ 40 billion with an annual growth rate of 20 percent where South Asian countries like Thailand, Singapore, Malaysia, the Philippines and India are at the forefront primarily due to availability of manpower both skilled and unskilled, lower healthcare infrastructure and treatment costs. This paper entails the study of Singapore, Thailand and India reflecting the best practices in these countries in terms of stakeholders' perspective associated with international health tourism.

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* Corresponding author. Tel.: +91- 20-25658012; fax: +0-000-000-0000 .

E-mail address: dr_jadhav@sihspune.org

1. Introduction

Down the ages, during the Sumerian, Greek and earlier civilizations travel for health, medical and medicinal purposes have been recorded, whose exclusive populaces travelled to far –off lands to experience hot springs, bathe in mineral waters and for general repose and rejuvenation. While modern civilization still journeys to hot springs and spas, the notion of medical tourism has progressed considerably from those early times (Altin et al, 2011).

Since the 19th century affluent patients from less developed parts of the world travelled to major European Medical Centres and United States for treatment unavailable in their own countries and for cutting - edge healthcare facilities (International Medical Travel Journal, 2008). From the early 1990's there has been a reverse flow of patients from highly developed nations to less developed countries circumventing the health care services offered in their own land, where they are inaccessible, undesirable, with overburdened public health systems and long waiting periods.

2. Fathoming Cross-Border Healthcare

Health tourism was defined by the International Union of Tourist Organizations (IUTO), the forerunner to the United Nations World Tourism Organization, as “the provision of health facilities utilizing the natural resources of the country, in particular mineral water and climate” (IUTO, 1973). Goeldner (1989) in a review of the health tourism literature, defined health tourism as “(1) staying away from home, (2) health [as the] most important motive, and (3) done in a leisure setting.”

The phrase ‘wellness tourism’ is sometimes used to portray visits to spas, rejuvenation centres, massage therapists and spiritual retreats. ‘Health tourism’ is used to label ‘preventive medicine’ offerings such as executive physicals, vitamin regimens or dietary needs assessment. However insensitive and misrepresentative, ‘transplant tourism’ is sometimes used in news media coverage of individuals purchasing kidneys in Bangladesh, China, India, Pakistan and the Philippines (Canales et al., 2006). ‘Reproductive tourism’ is often used to refer to women and couples travelling to fertility clinics and In vitro fertilization (IVF) centres in such countries as India, France, Belgium, Israel, Barbados and Vietnam. ‘Medical tourism’ is widely used by medical brokerages and journalists to describe journeys involving cosmetic surgery, cardiological procedures or orthopaedic surgery (Turner, 2007). However this term is mostly used by the media and by commercial players. In reality, patients combining medical procedures especially surgery with a sunny retreat are uncommon. The medical travellers basically fall into three categories:

Value patients are predominantly from developed nations such as the European countries and the United States, where health care is exorbitant or unaffordable. A majority of these patients are in their fifth decade and have medical problems requiring expensive medical care. These patients have limited insurance coverage, are often uninsured, or essentially require surgical and dental procedures that are not regularly covered by insurance. Cosmetic and plastic surgery is in vogue in the western part of the world, hence such patients demand affordable care.

Access patients travel from regions where there is limited availability of quality health care. In United Kingdom and Canada public health systems are overstrained, patients from such areas are looking at options for obtaining speedy health care from other nations. Newly affluent patients originating from countries with less developed health care systems are also demanding cross border healthcare.

Quality patients are traveling to obtain excellent medical and surgical facilities in terms of the most technologically advanced medical procedures available, high-tech surgery, modern methods of treatment and specialty care, the best doctors and nursing care resulting in the best outcomes. Quality patients are not generally inhibited by cost considerations, especially those traveling for critical care (Woodman, 2012).

3. Business of Medical Travel

The health tourism marketplace is consistently growing and the business of medical travel is favourable. More than 130 countries around the World are competing for a pie of this global business, by offering a diverse range of medical, surgical and dental services to their prospective patients. It is generally estimated that the present global medical tourism market is estimated to be approximately US \$ 40 billion with an annual growth rate of 20 percent

(Indian Institute of Tourism and Travel management report, 2011). South Asian countries like Thailand, Singapore, Malaysia, the Philippines and India are at the forefront primarily due to availability of manpower both skilled and unskilled, lower healthcare infrastructure and treatment cost (Cohen, 2013). India ranks second for medical tourism in the world. Though it spends less than 1.2% of its GDP on medical services, extra efforts are made to provide special care and services to the foreign tourist while dealing with them (Medical Tourism: Update & Implications, Deloitte Centre for Health Solutions, 2008).

4. Evolving landscape and increasing popularity of Healthcare tourism

Dissimilar to general tourists needing medical attention, medical tourists are people who cross international borders for the exclusive purpose of obtaining medical services. Motives for Medical Tourists can be attributed mainly to the following factors:

4.1. Rising Health Care Cost in developed countries:

Medical tourism has increased in part because of rising healthcare costs in developed countries. The prolonged U.S. recession has had a significant impact on patients' ability to afford medical care and, by extension, their use of medical tourism. A 2008 study reported that 22 percent of adults reduced the number of times they visited their physician and 11 percent cut back on the number of prescription drugs they took. (Medical Tourism: Update & Implications, Deloitte Centre for Health Solutions, 2008).

In one set of estimates, the out-of-pocket price of a hip replacement in the U.S. is \$75,000, compared with \$9,000 in India; and heart bypass surgery costs \$210,000 versus \$12,000 in Thailand. Such tenfold or more cost savings may be difficult to resist, thereby, swelling the numbers of international patients in South Asian countries (Horowitz et al, 2007). This along with improved access to low-cost global transportation from countries like India, allures international travellers to travel for healthcare services and treatment.

4.2. Quality Care:

The primary concern for consumers considering cross border medical tourism as a treatment option is receiving quality care that is safe. Today Indian clinical and paramedical talent is universally recognized and Joint Commission International (JCI) accreditation to some hospitals of India has proven a boon to the Indian medical system which is helping in gaining the faith of overseas patients in India's hospitals and professionals. Due to cross-border medical training, a substantial number of the physicians in medical tourism destinations received their professional training in industrialized nations, have board certification and may have practiced in the country where they completed their training (Cohen, 2013).

4.3. Waiting Lists and Availability:

Even though several developed countries have nationalized health care systems such as Britain and Canada, waiting time for certain procedures can be greater than 18 months. Also, patients seeking alternative medicinal treatments may have to travel overseas as their home countries may not have the technology, equipment and facilities (Altin et al, 2011).

4.4. Maintaining privacy and confidentiality:

There are privacy concerns of the patients when medical and surgical procedures are performed in their own countries. Procedures undertaken in other countries that have no reporting requirements can ensure privacy and confidentiality of services like drug rehabilitation, youth enhancing cosmetic procedures, plastic surgery and, sex change (Altin et al, 2011).

4.5. Access to information of varied treatment availability:

There are a variety of treatment options available worldwide for the consumers. The convenience of the internet to hospital sites, travel agents specializing in arranging medical tours, accessibility of blogs of past patients has reduced the information asymmetry normally associated with the quest of seeking treatment in hitherto unfamiliar places (Altin et al, 2011).

4.6. Availability of Travel intermediaries:

Outbound medical travel is extremely intimidating for patients considering treatment abroad. Patients usually take the assistance of the insurance companies or their employers to assist in navigating the process. These organizations hire medical facilitators to coordinate the health tourism programs. Companies that guide patients and providers for the use of healthcare tourism are termed as medical facilitators. Such facilitators also provide assistance with planning the itinerary, logistics, travel arrangements, hence patients prefer the convenience and expedited results of taking assistance from medical facilitators rather than looking for clinical programs on their own. Sometimes patients get better packages from the medical facilitators than from the outbound clinical destinations directly.

This system of brokerage between the consumers and providers of medical tourism reduces substantial costs for the outbound medical traveller thus popularizing medical travel (Altin et al, 2011).

4.7. Employer and Insurance Company endorsements:

Due to the potential cost- saving measure realized through medical tourism, several employers and insurance companies have endorsed over the border institutions for medical treatment.

Health care insurance companies within industrialized nations have begun considering providing round trip airfare and tourist excursions as "consumer incentives (Altin et al, 2011).

Over 46 million uninsured individuals live in the United States. However, access to health care is not merely a problem for the uninsured. To millions of Americans, higher premiums for health insurance forces them to purchase low-budget plans that provide coverage for limited 'basket' of health care services (Milstein and Smith, 2006).

5. Increasing popularity in Asia

The private sector is primarily responsible for the growth of the healthcare tourism. Although hospitals and intermediaries such as specialized travel organizations through their various marketing strategies have played a major role in promoting healthcare tourism, governments in South Asia, South-East and East Asia are increasingly contributing to the development of this industry (Indian Institute of Tourism and Travel management report, 2011). Asia emerges as the most potential medical tourism leaders in the world (Indian Institute of Tourism and Travel management report,2011). Presently, a projected 1.32 million healthcare tourists travel to Asia from all over the world, including the U.S. and Europe,a large pie of the current travel comes from within the Asian region itself. In Asia, medical tourism is maximum in India, Singapore and Thailand. Recently an association of industry and government have partnered the creation of a medical hub in Singapore. With the private sector in India investing heavily in medical tourism and low cost of medical care, India is emerging as the fastest growing segment in medical tourism. (Indian Institute of Tourism and Travel management report, 2011). Promotion of international medical travel in Taiwan has led to the emergence of a \$318million project to develop medical facilities. Not far behind in this competition of medical tourism, South Korea is in the process of developing medical institutions for its international clientele (Sharma, 2013).

India, Singapore, Indonesia, Thailand, Philippines and many other Asian countries advertise themselves as the main destinations for 'medical tourism'. The popularity of these regions is due to various factors like clinical excellence, use of innovative and high tech medical technology commitment to quality, international accreditation, lower costs, excellent health care infrastructure, politically stable governments and excellence in tourism (Turner, 2007).

6. Best Practices- Singapore, Thailand and India

6.1. *The Singapore story:*

In Singapore, as in other Asian countries like Thailand, Malaysia and the Philippines, the development of international medical travel is considered as a significant tool in reducing the exodus of health care providers to more affluent nations. The national strategy of cross border health tourism has been well deliberated, carefully planned and methodically implemented in Singapore. Singapore Medicine, one such endeavour that resulted from a public-private partnership promotes international travel to Singapore-based hospitals and clinics. The Singapore Medicine website services international clientele in identifying hospitals both general and specialty, patient centres for international travellers, Physicians and Specialty consultants, and individual clinics. Thus the website provides easy access to major health care facilities in Singapore. These practices have increased international medical patients from 150,000 in 2000 in Singapore to 374,000 in 2005 (Turner, 2007). Singapore believes in providing quality health care for the medical travellers. In fact leaders in Singapore maintain that, since their country has a small local population, Singapore must increase patient volumes required to recruit and retain talent in the medical field by promoting international travellers. To leverage a mutually beneficial trade and investment relationship, Singapore has medical tourism, and aviation pact with Nigeria. The two nations agreed to cooperate in the areas of, capacity enhancement, medical tourism and aviation development for a reciprocally advantageous trade and investment correlation (Sharma, 2013).

6.2. *The Thailand Experience:*

The wreckage of Thailand's economy after the Asian financial crisis, spurred the private hospitals in Thailand to explore the international market for patients. As the Thai stock market plummeted and the Baht was devalued, unemployment increased rapidly, and many Thai families lost their savings. Private health care became even more exorbitant as import costs of medical devices into Thailand rocketed. The JCI recognized Thailand's Bumrungrad International Hospital considerably augmented its market share of outbound patients following the devaluation of its currency. As compared to the developed nations the costs for youth enhancing dermatological and reconstructive cosmetic procedures, sexual reassignment surgery and other specialty medical procedures were affordable and accessible to the international health traveller in Thailand's medical centres. Annually, currently 430,000 medical tourists are looked after by Bangkok's Bumrungrad International Hospital. Thailand also competes with the best of quality medical care through internationally qualified doctors. The low wages, less expensive real estate, low tax structure for the corporates, low cost of medical care and insurance, favourable tourist facilities, recreation and favourable currency exchange rates allures the international traveller to Thailand (Turner, 2007).

6.3. *The rising giant in Healthcare tourism : India*

Health care in India is catering to a large segment of the international traveller. With English as a second language in the country and Nursing education imparted in English, India offers specially trained, qualified nurses able to communicate extremely well with the international patients (Sharma, 2013). It is commonly perceived that India has the advantage for medical tourism of not only 'Sunshine and Surgery', as in Thailand but the 'Four Aces of Sunshine (popular travel destinations), Surgery (quality medical & surgical treatment), Stethoscope (skilled manpower) and Sambar (exquisite cuisine)'. The private corporate hospitals, technologically advanced diagnostic facilities and inexpensive healthcare services, makes India a favorable destination for international patients. To enhance and promote the medical industry, Indian Government is developing an all-inclusive healthcare policy that encompasses segments like Technology, medical equipment's and devices and infrastructure. The Indian Government is consciously taking various actions, to tap the potential of medical tourism, thereby promoting India as a global health destination. The Indian Ministry of Tourism has made provision for special category of visas for medical tourists titled the "M" or medical visas (Chinai and Gosawi, 2007). Further investments have been made to develop the basic infrastructure including the aviation sector to ensure stress-free arrival and departure of health tourists. Government is welcoming and appealing

overseas and private investors to invest in the infrastructure, aviation, pharmaceuticals and the hotel industry to offer the finest quality of services to their consumers (Sharma,2013).

This will also ensure the optimum utilisation of the scarce resources available for health, especially to provide a conducive public health environment for the medical tourists. Lowering taxes on the import of medical equipment and devices, higher depreciation rates, exemptions, incentivizing the medical tourism sector are various strategies taken by the Indian government to encourage the growth of health tourism (Sharma, 2013). “Value medical travel” is a term commonly used by healthcare professionals to pledge India as a high-quality, low-cost destination for international health care travellers (Turner, 2007).

7. Sustainability of cross border healthcare in India

7.1. Improvisation of Standardized health care practices:

At present the Health System in India consists of Healthcare providers operating within an unregulated environment with no checks and controls in terms of standardization protocols to help monitor the quality of care. With the rolling out of the Clinical Establishment Act 2010 and many state governments accepting it standardization would be greatly enhanced. The Health ministry’s role of initiating Standard Treatment Guidelines (STGS) across 20 disease specialties is really appreciated and would help in ensuring more predictability of outcomes(FICCI Health insurance group- A report,2009).With the access of electronic health records , monitoring and portability of diagnostic records would further help in containing cost by reducing uncalled for investigations (Assuli et al, 2013).The Insurance sector would play a major role through the Insurance Regulator and Development Authority in standardizing various healthcare operations right from patient entry, billing, agreements between payers and providers to further contain cost and increase accessible global Healthcare.(IRDA)

7.2. Enhance innovation in Medical Technology:

Countries like China, Brazil, Israel have favourable government policies, helping those in attracting a large amount of Foreign Direct Investments (FDI’s) in this segment. Helping them become innovators and manufacturers in the Medical Technology segment, India needs to replicate this model of innovation and incentivise local manufacturers.

With reduced costs and technological advancement better manufacturing facilities or Medical Equipment especially in the diagnostic area would prove a boon for Healthcare Tourism in India.

In India Medical Technology is one of the four pillars of Healthcare besides Pharmaceuticals, Health Services and Medical education. The Medical Technology industry is import driven with 80% of the consumption depending on imports, For sustainable quality healthcare in India, there is a requirement of local indigenous innovation and manufacturing. Synergy across various stakeholders in the Medical Technology industry along with government support in terms of a separate medical devices act and an autonomous department of medical devices would further augment growth in this sector (Milstein and Smith, 2006).

Innovations in information and communication Technology in the private as well as the public domain would further expand the growth in this sector.

Point of care diagnostics, use of smart phones, iPad would reduce turnaround times, improvements in the sensitivity and specificity of diagnostic investigations would revolutionize healthcare for the global market (Maini, 2013).

7.3. Exploring the potential of Insurance sector:

Insurance plays a crucial role with respect to medical tourism, and it is evident because health insurance is very unlikely to provide any international coverage (Turner, 2007). Only a few medical insurers will cover services provided outside their own healthcare network or country of origin. But as the medical tourism industry continues to grow and gain popularity, health insurance companies are standing up and taking notice.

Health care insurance companies within industrialized nations have begun considering medical tourism as a

potential cost-saving measure, and have discussed providing round trip airfare and tourist excursions as "consumer incentives" (Prasad, C.B)

7.4. Patient Safety, Quality & Accreditation:

As health tourism grows to become a worldwide phenomenon, increasing attention is being paid to issues such as quality of treatment, accreditation of surgeons and dentists, hospitals and clinics. From a patient's perspective, the greatest indicator of quality is best clinical outcomes, but this must necessarily come with a caveat that during and post hospital stay there must not be any adverse events. Accreditation and certification of hospitals to measure their performance particularly with respect to quality of care and efficiency of the health systems is an important factor in driving medical tourists. It is therefore imperative that accreditation should be an important first step in a continuous process of quality improvement using reference standards (Guiding Principles for the Development of the Hospital of the Future, JCI Report).

Moreover, accreditation by an international body will make it easier for the patient to deliberate if the healthcare facility is worth visiting. National Accreditation Board for Hospitals and Healthcare (NABH), though just a decade of its existence has been a recognized quality tool in India. India is one amongst 14 countries whose national accreditation body is accredited by the International Society of Quality Accreditation (ISQUA).

If a patient is making a choice between two healthcare facilities that provide similar services, accreditation of one will most likely tip the balance towards being the one the patient chooses (Johnson, 2010).

7.5. Enabling Environment:

Many factors contribute in making the environment conducive for medical travel to India, this includes a relatively good proficiency in English among health care providers and the cost effectiveness of medical procedures are the driving forces. With the expansion of private medical sector, the services offered are of world-class standard. The Indian government is vigorously promoting medical tourism by providing tax concessions and by creating an environment enabling it to thrive (Sengupta, 2011)

Top -of-the-line medical and diagnostic equipment from global international conglomerates is available at many Indian hospitals. Indian nurses are among the best in the world. Nearly 1000 recognized nurses-training centres in India, mostly attached to teaching hospitals, graduate nearly 10,000 nurses annually.

Even the most budget-conscious traveller can afford first-rate service and luxury amenities. (Ministry of Tourism, Government of India)

The aviation industry has a major role to boost healthcare tourism by offering discounted airfares and free extra baggage allowances, airlines need to provide incentives for travel including expedite visa processing.

In addition, high skills of care providers, optimum health insurance coverage have led to the effective demand for health care services.

7.6. Overcoming the manpower crunch in the healthcare sector:

Owing to the quality of health care, India attracts many tourists; proper strategies & policies for human resource development will certainly have an impact on increasing the number of skilled manpower, that still remains a challenge. "The task of skilling this population is daunting and private organizations need to be involved for which Sector Skill Councils have been formed." Through such associations and organizations the pool of skilled manpower can be enhanced. There is also the need of an agency to benchmark the skills required in the industry, adding that the wellness services provided by various spas-salons need to be licensed to bring the segment to a creditable and respectable level as quoted by Manish Patwardhan president, Confederation for Wellness, Medical Tourism and SPA (Business Standard, 15 November, 2013).

Medical and nursing education should be looked at very critically in terms of building a robust, globally reviewed curriculum with improved pedagogy for the development of clinical, technical and soft skills. Public Private Partnerships in medical education would provide enough infrastructure and clinical material for medical and nursing education to thrive.

7.7. *Healthcare Infrastructure:*

Large chains of hospitals are on the rise in India. The corporates are investing heavily in the development of infrastructure to attract the international tourist. Conventionally the hospital design and project executions were planned to ensure greater efficiency for people working in these facilities, the cost of hospital operations and infrastructure expenditure. There have been greater innovations in hospital design to ensure patient flow, improve quality of care with better patient outcomes. The patients wait areas, diagnostics, recreation areas have been tremendously improved to provide optimum customer service to all stakeholders. Today's corporate hospitals are investing heavily in the plushy look and feel of the hospital to give patients a more satisfying experience. The hospital infrastructure is technology driven, safe and environment friendly.

Indian hospitals in the public domain are also investing in newer innovative technology to upgrade hospital infrastructure accommodating latest hospital equipment's, information technology and operations, thereby attracting medical tourists for specialty procedures. Investment by private equity firms in the big Indian healthcare networks like Fortis and Medanta has led to improved infrastructure and technology, Better policy regulations and the establishment of Public Private Partnerships are possible solutions to various issues related to the overall development of healthcare infrastructure (India Africa Project Partnership, *Creating Possibilities: Delivering Values* report, March 2012).

7.8. *The role of Government:*

An efficacious business model for healthcare tourism necessitates the recognition of all pertinent stakeholders and integrate them in the value chain. The Indian government including the ministry of health, ministry of external affairs, and the ministry of tourism and the state governments of different states; the corporate run health institutions, the financial institutions like Tourism Finance Corporation of India, Industrial Development Corporations of India (IDCI), and Industrial Development Bank of India (IDBI), the Medical Council of India (MCI), the Indian healthcare federation and different industry chambers are into the formulation of various policies and strategies to encourage medical tourism in India. (Prasad C.B)

Recognizing the potential of tourism to the Indian economy, the Indian government has begun to increase spending in tourism infrastructure (Turner, 2007). Today many states of India like Kerala, Arunachal Pradesh, West Bengal, Uttarakhand, Tamil Nadu Uttar Pradesh, Dadar & Nagar Haveli, and Union Territories of Daman & Diu, has got a status of an industry. State governments are creating provisions to include tourism in Schedule-I, of the Industries Development Act 1951 grant it the status of an industry and to stimulate the accommodation sector, so that all sectors of the tourism industry including hotels throughout the country are benefiting under the Industrial Policy of the respective state governments (Sharma,2013). Special visa for medical tourists was introduced in India in 2005. However, instead of bolstering the medical tourism industry in India restrictions imposed by the visa have made it harder for medical tourists to enter the country for medical treatment. The visa, valid for one year, requires patients to register with the Foreigner Regional Registration Office within two weeks of their arrival; This is creating an obstacle for serious patients. Further, the permit allows three entries, making it more difficult for doctors to offer follow-up treatment and treat complications (The Economic Times, 15 Aug 2013). The medical visa is more expensive than a tourist visa, further insulting the already suffering patient. Such visas are not available in African nations, accounting for a majority of the patients seeking treatment in India (Indian Institute of Tourism and Travel Management report, 2011).

8. Conclusion

In order to maintain its enviable position as the market leader in healthcare tourism, India needs to consider its myriad of challenges in the development of a sustainable and viable model for the dynamic needs of a Healthcare tourist and all other stakeholders involved in providing cross border access to healthcare. Learning from the best practices of other countries and by investing in standardized health care practices, public as well as private health care infrastructure, providing an enabling environment, promoting accreditation, enhancing innovation in Medical Technology and the insurance sector, and with conducive Government policies, India would further be able to leverage its sustained growth in international medical tourism.

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